

ACCREDITATION FOR LOCAL HEALTH DEPARTMENT STAFF

PRESENTER'S GUIDE

NATIONAL ASSOCIATION FOR COUNTY AND CITY HEALTH OFFICIALS

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INTRODUCTION

These materials are intended for LHOs to introduce the public health accreditation to staff. The following set of training materials have been designed to save LHOs time in preparing training materials to present to their staff. This guide has been designed so that any LHO can pick it up and present the information as-is, or after tailoring it to more specifically meet local needs.

PREPARING FOR THE PRESENTATION

The following instructions serve as a general checklist to make sure you are prepared to present the PowerPoint presentations:

1. **Insert your information** – the PowerPoint presentation contains a few slides with instructions for the presenter to insert information specific to their respective LHD. It is important to click through every slide and read through the provided instructions and talking points, in advance of giving the presentation, to ensure that all relevant information is provided.
2. **Print handouts for audience** – The presentations can be supplemented with handouts:
 - a. *PowerPoint handouts* – although this is optional, participants often find it useful to have handouts of the slides for the purpose of taking notes during the presentation. To print the presentation in 'Handouts' view, follow these instructions:
 - i. Open the PowerPoint and under the '**File**' menu or on the 'Microsoft' icon at the top left corner (depending on your version of Windows), click '**Print**.'
 - ii. Find the '**Print What**' menu in the lower-left corner of the print dialogue box and select '**Handouts Page**' from the drop-down menu. To the right of this drop-down menu, change the '**Slides per page**' option to '3.'
 - iii. To conserve paper, if you would like to print on both sides of the sheet, click on '**Properties**,' select the '**Finishing**' tab, and check the box next to the '**Print on both sides**' option.
 - b. *Public Health Accreditation FAQs* – this factsheet provides answers to commonly posed questions about accreditation.
3. **Documents for Presenting** – Print a copy of the following documents for assistance during the presentations:
 - a. *PowerPoint Presentation in 'Notes' view* – this will allow you to flip through hard copies of the slides with all of the talking points provided directly under each slide. To print the presentation in 'Notes' view, follow these instructions:
 - i. Open the PowerPoint and under the '**File**' menu, click '**Print**.'
 - ii. Find the '**Print What**' menu in the lower-left corner of the print dialogue box and select '**Notes Page**' from the drop-down menu.
 - iii. To conserve paper, if you would like to print on both sides of the sheet, click on '**Properties**,' select the '**Finishing**' tab, and check the box next to the '**Print on both sides**' option.

4. **Read script** – Prior to presenting any of these materials, it is strongly recommended to read through all of the slides and talking points. Feel free to make appropriate changes for your jurisdiction and to include additional thoughts you would like to share.
5. **Logistical preparations** – make sure to download the PowerPoint slides from the NACCHO website at www.naccho.org/accreditation and arrange for a computer and projector to present the slides. If the technology is not available, consider distributing hard copies of the slides to the audience.
6. **Additional questions** – If there are additional questions while preparing for these presentations, contact Pooja Verma at pverma@naccho.org or (202) 507-4206.

GIVING THE PRESENTATION

The following section of this guide provides presenter instructions, talking points, and tips for presenting each slide. Included are specific instructions and talking points for every slide in the presentations. For the slides that include presenter instructions, it is important to follow those instructions and make the necessary changes to the PowerPoint files before presenting the information.

Introduction to Quality Improvement

❖ **Introduction (Slide 1)**

Presenter Instructions:

- Add your name, title, and LHD to the slide
- Insert your LHD name into the title of the presentation
- If your LHD has a logo, include it on this slide. If you choose to do so, you can also add the logo to every slide in the presentation by following these steps:
 - Open the PowerPoint and click on **'View'**
 - Go to **'Slide Master'** and insert the logo wherever you would like to position it throughout the presentation.
 - Close Slide Master and your logo should appear on every slide.

Talking points:

- *Good morning! Today I'd like to talk with you about (**INSERT LHD NAME HERE**) moving toward the pursuit of accreditation.*
- *(**INSERT LHD NAME**) wants to pursue accreditation because it will set us on a path of continuous quality improvement and demonstrate that we meet nationally recognized standards.*
- **INSERT ADDITIONAL REASONS SPECIFIC TO YOUR LHD**
- *Illustrating this point, a recent research study shows preliminary evidence that there is a link between accreditation and health department performance. Accredited LHDs in North Carolina, a state with a state level accreditation program, demonstrated greater efficiency and effectiveness in H1N1 response to public health emergencies than their non-accredited peers. (Source: Glen Mays & John Wayne)*

❖ **Today's Objectives (Slide 2)**

Talking points:

- We will spend the next **XX** minutes (**INSERT LENGTH OF MEETING**) discussing the following
 - Defining accreditation for health departments

- Understanding the accreditation process and what it looks like
- I'll note some resources where you can go to learn more
- Learning how we will prepare for accreditation and finally
- Discussing next steps for our agency, how we'll work toward accreditation

❖ Overview of Accreditation (Slide 3)

Talking points:

- *Accreditation is a status that provides public notification that an institution, program, or agency meets standards of quality set forth by an accrediting agency. The accreditation process reflects the fact that the institution, agency or program is committed to self-study and external review by one's peers.*
- *Accreditation has been widely accepted by many fields within the US including the healthcare system, schools, and social service agencies such as police and fire departments. Likewise, public health agencies need to demonstrate their accountability to their community, and measure agency performance against nationally-established standards. We need to move away from the old saying 'when you've seen one health department, you've seen one health department' and toward a place where regardless of where you live, you receive the same level of service from your governmental public health department.*

❖ Public Health Accreditation(Slide 4)

Talking point:

- ***Mention other accreditations the agency holds*** (examples may include: Joint Commission on Accreditation of Healthcare Organizations; public health laboratory accreditation; Commission on Accreditation for Home Care)
- *The goal of accreditation is shown here. The Public Health Accreditation Board, or PHAB, has a vision of improving the quality and performance of all health departments through accreditation. PHAB is the non-profit organization developing and implementing the national voluntary accreditation program for state, local, territorial and tribal health departments.*
- *PHAB was developed by the field, for the field and they continue to request feedback to make the program as good as it can be. LHDs should urge themselves to take advantage of this opportunity (INSERT note if LHD has contributed feedback to PHAB through public comment periods, participation on workgroups/committees, etc)*

❖ Overview of Standards (Slide 5)

Talking points:

- The main component of the accreditation process is an agency self-assessment, based on a set of standards and measures
- These standards measure overall agency capacity as opposed to focusing on specific program areas such as preparedness or community health.
- The standards are primarily based on the 10 essential public health services, the Operational Definition of a Functions Local Health Department, the National Public Health Performance Standards Program, etc. In other words, they were developed based on already nationally recognized initiatives and went through extensive public comment. **(Mention whether your agency has had experience with any of these with national initiatives)**
- The standards are divided in two parts, Part A and Part B. Part A focuses on overall governance and administration of the health department.

- Part B is comprised of domains based on the 10 essential services.
- The 'cliff notes' version of each domain is listed on the slide, but I'll walk through them briefly now
- Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community
- Domain 2: Investigate health problems and environmental public health hazards to protect the community
- Domain 3: Inform and educate about public health issues and functions
- Domain 4: Engage with the community to identify and address health problems
- Domain 5: Develop public health policies and plans

❖ Overview of Standards (Slide 6)

Talking points:

- *Domain 6: Enforce public health laws and regulations*
- *Domain 7: Promote strategies to improve access to healthcare services*
- *Domain 8: Maintain a competent public health workforce*
- *Domain 9: Evaluate and continuously improve processes, programs and interventions*
- *Domain 10: Contribute to and apply the evidence base of public health*
- *So you can see how these apply to the overall work of the agency as opposed to specific programs within the agency.*

❖ Prerequisites (Slide 7)

Talking points:

- Before a health department can even apply for accreditation, certain prerequisites must be in place. There are 3 processes and documents that a health department must have produced recently to be considered as ready to apply to PHAB.
- Having these documents in place will also satisfy a number of the accreditation standards.
- The prerequisites are a community health assessment, a community health improvement plan and an agency strategic plan
- For those that might not be familiar with these documents:
- A community health assessment (CHA), is a process by which a health department assesses the health status and the public health needs in the community.
- A community health improvement plan (CHIP) maps out exactly what the health department is going to do as it works with partners to improve the health status of its jurisdiction.
- A strategic plan for the health department sets forth a health department's priorities and how it plans to accomplish its strategic goals and maybe based on the CHA and CHIP
- A CHA is often does as a precursor to a CHIP. A CHA allows us to collect data and then analyze it and develop a plan to address the issues brought to light in the CHA. A CHIP typically involves addressing community issues with our system partners and is a long-term and systematic effort that goes beyond the scope of our just our agency.
- A strategic plan identifies priorities for the agency, in terms of goals and objectives, with a strictly internal focus to guide what the agency is, what we do and why we do what we do.
- **Note to presenter: describe what your agency currently has in place.**
 - **If agency does not have any of these documents in place, note that development of them will be a starting point for accreditation preparation**
 - **If agency has one, or more, of these documents (and they meet PHAB's definition and timeframe), reference them and note that you are already a step closer to being ready to apply.**

❖ **What is the Accreditation Process (Slide 8)**

Talking points:

- *The accreditation process consists of 7 major steps, listed on the screen. We'll talk about each of these to gain a better understanding of what the process actually looks like, from pre-application and what we need to do before we even apply, to maintaining accreditation status over time.*
- *Let's go through these one step at a time.*

❖ **Step 1: Pre-application (Slide 9)**

Talking points:

- Before submitting an application, we need to prepare ourselves.
- The very first step is an online orientation training that provides information on the application process and timeline, completion of the application, standards and measures, guidance on documenting whether we meet the standards and the like.
- PHAB has a readiness checklist that can help us determine whether we are ready to apply by surveying some key areas within the department such as whether we have political support in place and have met the prerequisites.
- When we determine we are ready, meaning we think we meet the standards and can prove that through documentation, we will submit a statement of intent to PHAB, which allows us to apply within a 12 month period.
- The last step before application is for the lead staff, possibly others, to attend a 2-day, in-person 'accreditation process training.' This training will build upon the orientation training, and will include a thorough review of the accreditation process including the site review and board hearing, review of the s/m including guidelines for interpretation, submission of the self-assessment and other documentation, evaluation of the process and department preparation for the site visit.

❖ **Step 2: Application (Slide 10)**

Talking points:

- The application is the formal notification of a health department's official intent to proceed with the accreditation process.
- The process begins when the application is submitted and the fee, which is to be determined, has been paid.
- The application is done online. In fact, the entire accreditation process is paperless.
- If accepted, we then have 12 months to submit a complete self-assessment tool and all supporting documentation.
- In addition to meeting PHAB's eligibility criteria, the three prerequisites must be place and submitted with the application. As a reminder, those are a recent agency strategic plan, community health assessment and community health improvement plan.

❖ **Step 3: Self-assessment (Slide 11)**

Talking points:

- *During the self-assessment, we actually go through all of the standards and measures and score ourselves on how well we are meeting them.*
- *The score is based not only on what we think, but what we can prove, or document. It is not enough just to know that we do something*
- *We must be able to demonstrate it through proper documentation. This is something we will consider during the pre-application period. We many look through the standards and measures*

and realize that we need to document certain policies or activities in order to prove that we are doing them.

- *Once we give ourselves a score, we will upload documentation into PHAB's online system that demonstrate conformity with each measure.*
- *This is an agency-wide effort and once we get there, everybody will likely be contributing to collection of documentation.*
- *It is here specific programs and all of your job duties come into play. We might show that meet a measure through an activity in a particular program area.*
- *Here is an example: (Use an example below or insert your own)*
 - *Measure 4.2.1 states: Disseminate the results of health assessments to statewide stakeholders*
 - *Documentation required to satisfy that we meet the measure includes: two examples of assessment reports on priority health issues within the last 24 months and documentation of distribution and/or review of reports in Advisory or Coalition minutes within the last 24 months*
 - *We would assess ourselves and determine that we meet, partially meet or do not meet the measure*
 - *If we feel we meet the measure, we would provide two examples of recent assessment reports and proof that we distributed them, for example an e-mail that shows we sent the reports to key stakeholders or proof that they were discussed during stakeholder meetings through meeting minutes.*
 - *Measure 7.2.3 states: Lead or collaborate in culturally competent initiatives to increase healthcare access for underserved and at-risk populations*
 - *Documentation required to satisfy that we meet the measures may include examples of interventions delivered in a culturally competent manner. Or proof that the agency is working to increase its ability to be culturally competent in delivery of services such as by submitting evidence that staff attended a training.*

❖ **Step 4: Site Visit (Slide 12)**

Talking points:

- *Step 4 is an in-person site visit, to the health department, but a team of site visitors*
- *The site visit team will consist of about 3-4 practitioners*
- *The purpose of the site visit is for the reviewers to assess our conformity to the standards and measures*
- *They will do this through reviewing our evidence in advance of the visit, holding discussions with staff members and interviewing stakeholders such as members of our governing board*
- *They will develop a written report that we can use to know where we have done well and where we could improve*
-

❖ **Step 5: Accreditation Decisions (Slide 13)**

Talking points:

- *The PHAB Board of Directors will make a determination as to whether or not we achieve accreditation. They will have access to the site visitors report, our self-assessment and documentation and any response we make to the site visitors report*
- *Their decision includes one of the following options:*
 - *Accredited: a status that lasts for 5 years:*

- *Not accredited: which means we did not meet the criteria necessary to satisfy accreditation requirements; or*
- *Conditional accreditation: which lasts for up to 2 years, with conditions to be resolved within a specified period of time for full accreditation.*

❖ **Step 6: Appeals (Slide 14)**

Talking points:

- PHAB has a process to appeal the following:
 - Accreditation eligibility decision: if an agency is not considered to be eligible applicant
 - Accreditation status as determined by the PHAB Board of Directors
 - Deficiencies as defined in a conditional accreditation status letter

❖ **Step 7: Reports and Reaccreditation (Slide 15)**

Talking points:

- PHAB accreditation will last for 5 years, at which time reaccreditation will be necessary
- A mid-term report will be required at the 2 ½ year mark.
- The report will include a statement that the department continues to comply with all standards and measures, a description of how the department has implemented its performance improvement plans, addressed opportunities for improvement that were identified during accreditation and describe any substantive changes that have occurred in the health department.

❖ **Reasons to Apply (Slide 16)**

Talking points:

- Because the program hasn't yet launched, it's hard to talk about concrete benefits. However, our health department will go through accreditation as a means to accomplish the following:
 - Demonstrate increased accountability and credibility: Through accreditation, we can guarantee to our constituents and stakeholders that we have met established national standards. We work hard for the residents in our town/city/region and having the visibility of accreditation status will allow us to brag a bit and give ourselves a public pat on the back.
 - At least one LHD (in Northern Kentucky) was able to seek and attain a grant based on their accreditation preparation efforts. A LHD accredited by the MO state program recruited interns from a nearby university and credits being accredited with getting the placements.
 - Leveraging internal resources: making current agency functions more efficient and cost effective while maintaining the integrity of the work
 - Strengthen LHDs from within
 - Breaking down programmatic barriers through documentation efforts
 - Establish a synergistic relationship with other divisions/agencies so as to breakdown silos
 - The accreditation process provides a means for a department to identify performance improvement opportunities, to improve management, develop leadership and improve relationships with the community. The

process is one that will challenge the department to think about what business it does and how it does that business.

- Because accreditation preparation causes an agency to strive for excellence, the process can:
 - Develop new skills among employees
 - Build teamwork through collaborative efforts and improved communication
 - Create a sense of pride and ownership among staff
 - Attract and retain highly qualified employees
- Who doesn't need a good self-help book every now and then! National accreditation affords LHDs a mechanism to:
 - Systematically assess agency functions and prioritize areas for improvement
 - Benchmark agency progress with established national standards
 - Receive third-party, objective feedback on agency functions

❖ **We are not alone (Slide 17)**

Talking points:

- We are not alone! LHDs across the country, of all sizes, have shown interest in applying for accreditation! (Data from 2008 NACCHO survey of LHDs)
- Many LHDs are interested in seeking accreditation in the first few years of the program, which launches in 2011.

❖ **Learn More! (Slide 18)**

Talking points:

- Before we move into discussing accreditation as it relates to our health department, I would like to point some resources available to those who want to learn more detail and what other LHDs across the country have been doing to prepare.
- PHAB offers a variety of information on their program, including:
 - A Guide to Accreditation, which provides background information and information on the accreditation process in more detail than we have discussed today;
 - A Glossary of Terms, setting forth definitions for words used in the standards and measures;
 - The readiness checklist I mentioned earlier;
 - The self-assessment tool against which health departments measure themselves; and
 - A guide to interpreting the standards and measures, helpful in understanding what PHAB and the site visitors will be looking for in our documentation
- Additionally, a number of health departments have begun preparing for accreditation. The National Association of County and City Health Officials offers tools and resources for those of us that are beginning to prepare now.
- This includes:
 - How To documents on the prerequisites
 - Tips on how to implement a self-assessment

- Examples of LHDs that have gone through accreditation in their states or who have take steps to prepare for national accreditation
- There are a lot of national initiatives underway to support local health departments in preparing for accreditation, so we have guidance and support as we work to achieve accreditation
- Learn more about what others have done

❖ **Moving Forward (Slide 19)**

Talking points:

- **NOTE WHEN YOUR AGENCY WILL APPLY**
- **NOTE WHAT YOUR AGENCY HAS ALREADY DONE TO PREPARE** (prerequisites, budgeted for fee, educated staff, reviewed standards and measures, etc)
- **INSERT STEPS YOUR AGENCY WILL TAKE TO PREPARE** (are prerequisites in place? If not, start there. If so, use PHAB readiness checklist, review the standards and measures, budget for the accreditation fee, assign staff, etc)
- **ADD STEPS TO SLIDE**

❖ **Accreditation in (INSERT LHD NAME) (Slide 20)**

Talking points:

- All staff will be involved in the accreditation process as previously noted.
- There will be a designated Accreditation Coordinator, whose job it is to organize the agency and develop the plan for moving us through the process
- This person may be delegating assignments to all staff members. Know that this will be at my request as everybody is expected to fully support and participate in the process.
- Understand that priorities may need to change during the application process, both for the Accreditation Coordinator and any staff working to prepare documentation
- Involvement in the process may be different for each of us, but we will need all hands on deck. As we have discussed, staff may be expected to:
 - Assist in collecting documentation
 - Participate in the site visit
 - Be interviewed by the site visit team
 - Help a co-worker with their regular duties if he/she is spending more time on accreditation
- Achieving accreditation will be a tremendous success for all of us! One for which you should feel proud. I want to thank you now, in advance, for contributing to this process. A process that is a public way to recognize the hard work of everybody in this agency. For us to demonstrate how we serve our constituents and protect the health of the public.
- **INSERT LHD MISSION/VISION and explain how accreditation will help achieve that mission/vision**

❖ **Accreditation is the beginning(Slide 21)**

Talking points:

- Because the purpose of accreditation is to improve performance, continually, it's not just a one time thing. It's a tremendous opportunity to continue to improve, between cycles and with each iteration. Accreditation status will last for 5 years, and there is always room for improvement.
- So it's all about improving continuously overtime.

- Speaker Note: This is where strong leadership commitment and support can be vocalized, to express that this will become a part of the agency culture and performance from here forward.

❖ **Questions (Slide 22)**

Talking points:

- **Initiate a discussion and/or answer any questions staff may have.**

WRAPPING UP – POST PRESENTATION INSTRUCTIONS

To ensure that NACCHO is providing useful and practical resources to LHOs in informing LHD staff regarding QI efforts, please take a moment to provide feedback on how these materials can be improved at the following URL:

<http://www.naccho.org/topics/infrastructure/accreditation/trainings.cfm>. Tell us how these materials can be improved under the 'Orienting LHD Staff for National Accreditation' section. Your feedback will be completely anonymous and will be aggregated to assess the usefulness of these materials. Providing timely feedback will allow NACCHO to continuously improve these materials to best serve your needs. We hope that these materials have been useful in informing your staff! Feel free to contact Pooja Verma at pverma@naccho.org or (202) 507-4206 with any questions or comments.